

Louisiana Department of Wildlife and Fisheries  
Office of Management and Finance  
Licensing and Registration  
Post Office Box 98000  
Baton Rouge, LA 70898  
(225)765-2887

**APPLICATION FOR RESIDENT DISABLED SPORTSMAN LICENSE**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**(A copy of your current Louisiana Driver's License or valid Louisiana Identification card must accompany this application)**

HUNTER CERTIFICATION # (required if born 9-1-69 or later) \_\_\_\_\_

*I hereby certify that I have resided in Louisiana for the immediate prior 6 months and that I meet all other residency requirements outlined in R.S.56.8.*

SIGNATURE OF APPLICANT: \_\_\_\_\_

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**I hereby certify that I have personally examined the individual named above and certify that he/she is permanently and totally disabled.**

Physician's Name \_\_\_\_\_ Telephone #\_(\_\_\_\_\_) \_\_\_\_\_  
(please type or print)

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_